

Supplemental Application Data Sheet

Application Information

Application number::	<u>10/593,427</u>
Filing Date::	<u>09/19/06</u>
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	N/A
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Number of copies of CRF::	
Title::	GINKGOLIDE COMPOUNDS, COMPOSITIONS AND EXTRACTS, AND USES THEREOF
Attorney Docket Number::	0019240.00218US2
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	3
Small Entity?::	Yes
Petition included?::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Italy
Status:: Full Capacity
Given Name:: Ottavio
Middle Name:: V.
Family Name:: VITOLO
Name Suffix::
City of Residence:: ~~New York~~ CAMBRIDGE
State or Province of Residence:: ~~NY~~ MA
Country of Residence:: US
Street of mailing address:: ~~420 W. 119th Street, Apt. 29~~ 195 Binney St.,
Apt 1406

City of mailing address:: ~~New York~~ CAMBRIDGE
State or Province of mailing address:: ~~NY~~ MA
Country of mailing address::
Postal or Zip Code of mailing address:: ~~10027~~ 02142

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Japan
Status:: Full Capacity
Given Name:: Koji
Middle Name::
Family Name:: NAKANISHI
Name Suffix::
City of Residence:: New York
State or Province of Residence:: NY
Country of Residence:: US

Street of mailing address:: 560 Riverside Drive, Apartment 9-J

City of mailing address:: New York

State or Province of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address:: 10027

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Michael

Middle Name:: L.

Family Name:: SHELANSKI

Name Suffix::

City of Residence:: Brooklyn

State or Province of Residence:: NY

Country of Residence:: US

Street of mailing address:: 241 Kane Street

City of mailing address:: Brooklyn

State or Province of mailing address:: NY

Country of mailing address::

Postal or Zip Code of mailing address:: 11231

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Sonja

Middle Name::

Family Name:: KRANE
Name Suffix::
City of Residence:: Del Mar
State or Province of Residence:: CA
Country of Residence:: US
Street of mailing address:: 13627 Calais Drive

City of mailing address:: Del Mar
State or Province of mailing address:: CA
Country of mailing address::
Postal or Zip Code of mailing address:: 92014

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Ottavio

Middle Name::
Family Name:: ARANCIO
Name Suffix::
City of Residence:: New York
State or Province of Residence:: NY
Country of Residence:: US
Street of mailing address:: 2700W Broadway, Apt. 5H

City of mailing address:: New York
State or Province of mailing address:: NY
Country of mailing address::
Postal or Zip Code of mailing address:: 10025

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Czech Republic
Status:: Full Capacity
Given Name:: Stanislav
Middle Name::
Family Name:: JARACZ
Name Suffix::
City of Residence:: Trinec
State or Province of Residence::
Country of Residence:: Czech Republic
Street of mailing address:: Oldrichovice 487

City of mailing address:: Trinec
State or Province of mailing address::
State or Province of mailing address::
Country of mailing address:: Czech Republic
Postal or Zip Code of mailing address:: 73961

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Nina
Middle Name:: D.
Family Name:: BEROVA
Name Suffix::
City of Residence:: New York
State or Province of Residence:: NY
Country of Residence:: US
Street of mailing address:: 400 West 119th Street, Apt. 13G

City of mailing address:: New York

State or Province of mailing address:: NY
Country of mailing address::
Postal or Zip Code of mailing address:: 10027

Correspondence Information

Correspondence Customer Number:: 56949

Representative Information

Representative Customer Number:: 56949

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	US05/009417	03/21/05
US05/009417	An application claiming the benefit under 35 USC 119(e)	60/554508	03/19/04

Foreign Priority Information

Assignee Information

Assignee name:: THE TRUSTEES OF COLUMBIA UNIVERSITY
IN THE CITY OF NEW YORK
Street of mailing address:: 412 Low Memorial Library
535 West 116th Street
City of mailing address:: New York
State or Province of mailing address:: NY
Country of mailing address::
Postal or Zip Code of mailing address:: 10027